AO 440 (Rev 1/90) Summons in a Civil Action

United States District Court

FIRST DISTRICT OF MASSACHUSETTS

GERTRUDE GOROD

V.

MASSACHUSETTS GENERAL HOSPITAL
DR, WILLIAM BINDER
JAMES W. McCARTHY
ERIK NORENIKA
SUSAN WARCHAL
DIPLOMAT
CARUSO MUSIC
LAWRENCE CARUSO,

SUMMONS IN A CIVIL ACTION

CASE NUMBER: 05-10842 WGY

TO: (Name and Address of Defendant)

MASSACHUSETTS GENERAL HOSPITAL
c/o DR. WILLIAM BINDER
Emergency Medicine
55 FRUIT STREET
BOSTON, MA 02114

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Gertrude Gorod
P.O. Box 856
Everett, Ma 02149

an answer to the complaint which is herewith served upon you, within Twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

SARAH A. THORNTON

CLERK

4-26-05

DATE

BY DEPUTY CLERK

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RETURN OF SERVICE

Service of the Summons and Complaint was made by me:	DATE
NAME OF SERVER (PRINT) UNITED STATES POSTAL SERVICE	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☒ Other (specify): CERTIFIED MAIL SEE: BELOW

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ _____
Date *Signature of Server*

_____
Address of Server

7004 2510 0004 0155 5957

Article Addressed to:
Mass. General Hospital
C/o Dr. William Binder
53 Fruit Street
Boston, Ma 02114

APR 27 2005

USPS

Certified Mail ☒ Express Mail ☐
Registered ☐ Return Receipt for Merchandise ☐
Insured Mail ☐ C.O.D. ☐

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number: 7004 2510 0004 0155 5957

Postage $ 4.65 | Certified Fee 2.30 | Return Receipt Fee (Endorsement Required) 1.75 | Restricted Delivery Fee (Endorsement Required) | Total Postage & Fees

OFFICIAL USE

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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